



Health Promotion Tobacco Program Summary

This report covers the time period of January through June 2004. The respondents were a total of 47 MTF Health Promotion Programs that completed the Tobacco Program Metrics request from NEHC.

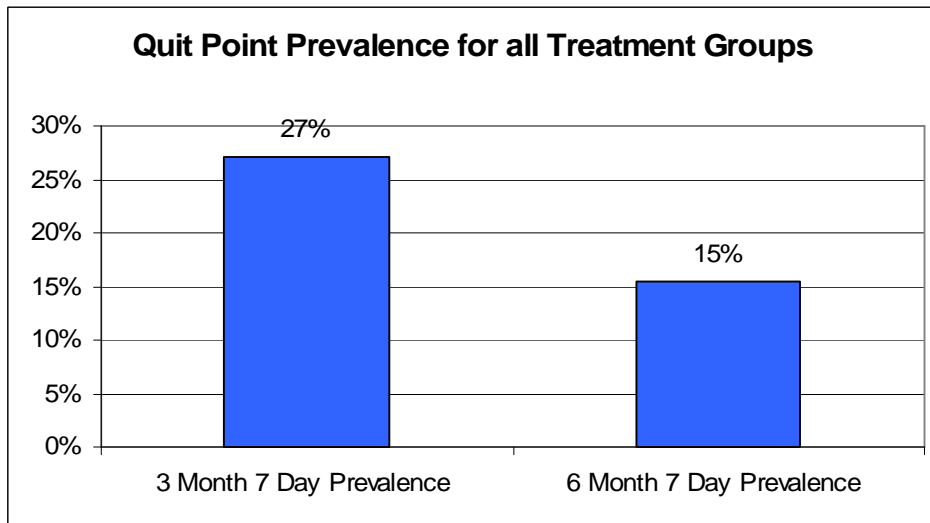
Highlights

- ❑ The Health Promotion staff provided 585 tobacco awareness and educational programs at their respective bases.
- ❑ One hundred eighteen (118) new Tobacco Cessation Facilitators were trained during this time period by Health Promotion staff.
- ❑ Nicotine dependence treatment was available and 577 tobacco cessation groups were provided at MTF's worldwide. Participants were 2,926 individuals who included active duty, and beneficiaries in the group intervention. A few sites provided individual tobacco cessation treatment.
- ❑ The total costs of pharmacotherapy (Nicotine Replacement Therapy and Medications) provided for the treatment of nicotine dependence was \$588,541.

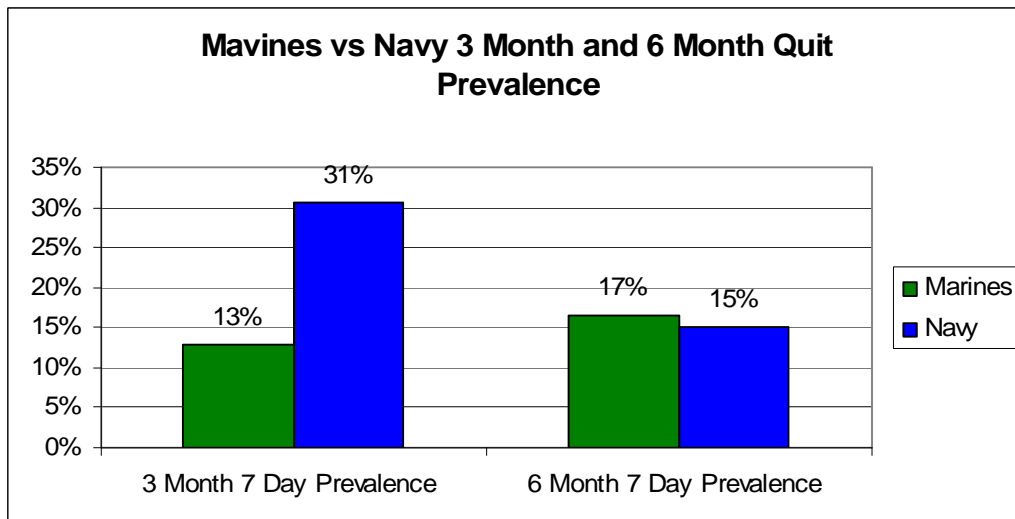
Quit Rates

The seven day point prevalence rate was 27.5% for this time period, which translates into 1039 individuals being tobacco free at three months following treatment. This outcome data of 27.5% is lower than the prior year seven day point prevalence report rates of 43% and 33%.

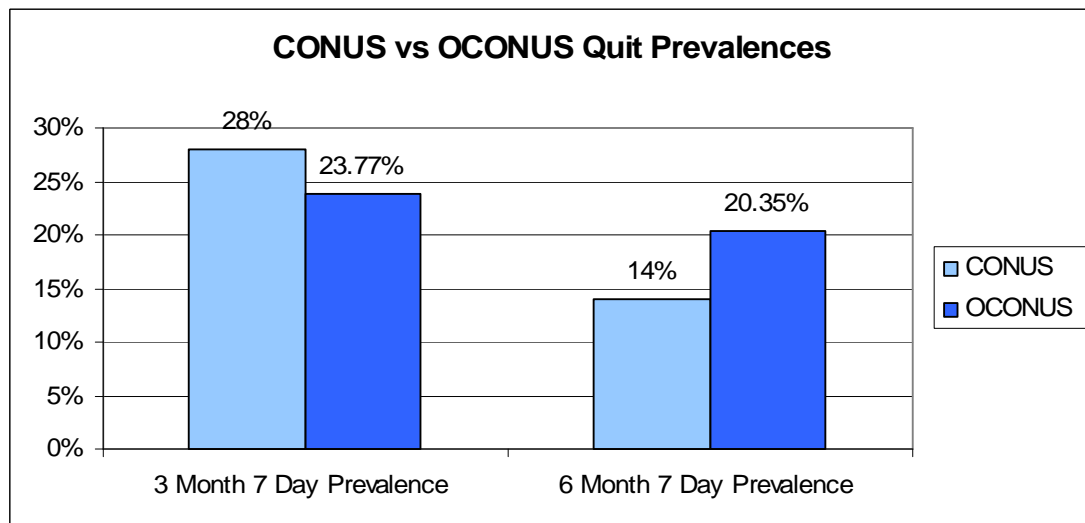
The six month outcome data indicated that 590 persons were tobacco free at six months post group treatment. The six month seven day point prevalence rate for this time period was 15%. This outcome data was significantly lower than the previous seven day point prevalence rates of 29% and 33% reported in 2003. The reason for this decline in abstinence and success is unclear. A plausible explanation may be due to - participation by hard core and heavily addicted tobacco users, facilitators factors, ineffective interventions, lower participation rates, difficulties contacting and following up with patients, and the current stressors of war, deployments and op tempo. A combination of these factors may also be at play which contributes to the low outcome results.



A comparison was made between the Navy and Marine MTF sites providing treatment. There was a statistical and a clinical difference in the outcome rates following treatment provided at Navy vs. Marine bases at both the three and six month follow up time periods. At the three month time period, the Navy obtained an outcome rate of 31%, while the Marines achieved a success rate of 13%. The low Marine rate may need to be viewed cautiously as all not all of the Marine bases reported their Tobacco outcome data, and thus may not be an accurate and reliable number. It is possible that there is a marked difference and diversity between and among these populations groups (Sailors and Marines) and the successes and the data may reflect this difference.



The effects seem to even out and level off at the six month time period between the Marines and the Navy. The marked decline in the success rates of the Navy- from 31 to 15%, is problematic and seems to be more than expected given the relapse rates of addictive behaviors in general, and nicotine dependence in particular.



Another comparison was made between the group treatment provided overseas and that provided stateside. At three months post treatment, there was a slight difference between the two groups- 28% stateside vs. 23.7% overseas. The six month changes in outcomes were more striking. The stateside group outcomes fell to a 14% success rate, while the overseas group experienced a slight and expected decline to 20 %. The marked outcome decline stateside may be due to poor or inadequate follow up of patients, to the relative effectiveness of the interventions, time or perhaps other factors.

Report preparer: Mark Long, Ed.D.
Navy Environmental Health Center longm@nehc.med.navy.mil